

# 2010 Options Allowance And Premium Rates

2010 Monthly Benefits Allowance (based on number enrolled in medical coverage)	
Medical waiver	\$228.00
You only	\$573.56
You + 1 family member	\$1,046.49
You + 2 or more family members	\$1,236.23

Medical Plans	You Only	You + 1	You + 2 or More
Kaiser	\$466.86	\$936.72	\$1,086.04
PacifiCare HMO	\$418.17	\$847.83	\$981.57
PacifiCare Preferred Provider Option (PPO)	\$1,180.83	\$2,387.77	\$2,766.09
Waive coverage			
Dental Plans	You Only	You + 1	You + 2 or More
Delta Dental	\$39.53	\$66.20	\$99.79
DeltaCare	\$14.51	\$23.93	\$35.40
SafeGuard	\$10.18	\$19.69	\$25.69
Waive coverage			

Optional Group Term Life Insurance		
1 x Annual Salary	6 x Annual Salary	<p>Monthly premiums are based on age and salary.</p> <p>The County pays 15% of the monthly premium.</p>
2 x Annual Salary	7 x Annual Salary	
3 x Annual Salary	8 x Annual Salary	
4 x Annual Salary	No coverage	
5 x Annual Salary		

Dependent Term Life Insurance (After-Tax Benefit)		
Coverage (all family members):	\$5,000	\$0.96
	\$10,000	\$1.91
	\$15,000	\$2.87
	\$20,000	\$3.82
No coverage		

AD&D Insurance		
Amount	You Only	You + Family Members
\$ 10,000	\$0.20	\$0.39
\$ 25,000	\$0.50	\$0.98
\$ 50,000	\$1.00	\$1.95
\$ 100,000	\$2.00	\$3.90
\$ 150,000	\$3.00	\$5.85
\$ 200,000	\$4.00	\$7.80
\$ 250,000	\$5.00	\$9.75
No coverage		

Medical Coverage Protection (LTD Health Insurance)	
LTD Health Insurance — 100%	\$3.00

Flexible Spending Accounts	
Health Care Spending Account	\$10 minimum to \$400 maximum per month
Dependent Care Spending Account	\$10 minimum to \$400 maximum per month